First Name	CHILD AND ADOLESCE	NT NEED	S AN	ID ST	REN	GTHS (CANS)		IN SH	IORT	Form	ı — 0	то 5	
DOB													
DOB	First Name	Middle Nar	ne					Date					
Race   Asian   Black   Pacific Islander   Native American   Cuban   Native American   Native American   Native American   Native American   Native American   Native American		— Ethnic	ity						_			_	
White			-					ik Origi İ	n I	ШΜ	닉	_	
Reason   Initial   Reassessment   Termination   Does the individual have Medicaid?   No   Yes (RID required)		L Pacili	c isiai	idei	∐ IN∂	auve American	•						
Mother's Maiden Name:    Provider	_	sessment [	Tern	ninatio	n	Does the individual have		No [	] Ye	s (RID	requir	ed)	
Mother's Maiden Name:    Provider	Medicaid					SSN				Ì	<u> </u>		
Decision Model Questions (Required)   NA - Not Applicable: 0 - No. 1 - Yes	RID												
NA No. 1 Yes  LIFE DOMAIN FUNCTIONING 0 = no evidence of problems 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately PICA 0 0 0 PICA PICA PICA 0 0 0 PICA PICA 0 0 0 PICA PICA PICA 0 0 0 PICA PICA PICA PICA 0 0 0 PICA PICA PICA PICA PICA PICA PICA PICA	Mother's Maiden Name:					Provid	ler						
NA - Not Applicable; 0 - No; 1 - Yes    Has a decision been made by DCS or the court or to remove a child from the home?													
Has a decision been made by DCS or the court													
Birth Weight	NA – Not Applicable; 0 - No	o; 1 -Yes					е						
Has a decision been made by DCS or the court to remove a child from the home?  LIFE DOMAIN FUNCTIONING  2 = moderate 3 = severe  NA 0 1 2 3 Family				0	1	Z = recent, act		J =		-			
LIFE DOMAIN FUNCTIONING  0 = no evidence of problems				0	$\circ$	Birth Weight				0			
Labor & Delivery	to remove a child from the home?				Ů				0	0	0	0	
E = no evidence of problems   1 = history, mild   3 = severe	LIFE DOMAIN FUNCTION	ONING				Prenatal Ca	re		0				
Substance   Subs			mild										
Family	·								0	O	0	0	
Living Situation	Comile						Sibling		0	0	0	0	
Pre School/Day Care Behavior Social Functioning OOOO Recreation/Play OOOO Developmental Motor Communication Medical OOOO Physical Sleep OOOOO Relationship Permanence  CHILD BEHAVIORAL / EMOTIONAL NEEDS O = no evidence 1 = history, watch/prevent Aggressive Behavior Social Behavior Social Behavior OOO Not applicable - no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs  CAREGIVER STRENGTHS & NEEDS ONOt applicable - no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs OOOO Not applicable - no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs OOOO Not applicable - no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs OOOOO Not applicable - no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 0 = no evidence 1 = minimal needs 2 = moderate n							- 11 - I- 1114		$\circ$	$\circ$	$\circ$	$\circ$	
Behavior Social Functioning Recreation/Play Developmental OOOOO Motor Communication Medical Physical Sleep OOOOO Relationship Permanence  CHILD RISK BEHAVIORS 0 = no evidence 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately Self Harm OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO		O							_	_	_		
Social Functioning Recreation/Play Developmental Motor Communication Medical Physical Sleep Relationship Permanence  CHILD BEHAVIORAL / EMOTIONAL NEEDS 1 = history, watch/prevent 2 = recent, act 3 = acute, act immediately Self Harm Aggressive Behavior Social Behavior Substance Use Social Resources Socia	1	0	0	0	0	Abuse/Negi	301		<u> </u>				
Communication		0	0	0	0	CHILD RISE	( BEHAVIO	RS					
2 = recent, act   3 = acute, act immediately   Notor								1 =					
Motor Communication O O O O O O O Medical O O O O O O O O O O O O O O O O O O O		0	0	0	0	2 = recent, act		3 =					
Medical OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Motor					Solf Harm							
Medical Physical Sleep OOOOO Relationship Permanence  CHILD BEHAVIORAL / EMOTIONAL NEEDS 0 = no evidence 1 = minimal needs 3 = severe needs 1 = minimal needs 3 = severe needs 2 = moderate needs 3 = severe needs  NA	Communication						Rehavior						
Sleep Relationship Permanence  CHILD BEHAVIORAL / EMOTIONAL NEEDS 0 = no evidence 1 = minimal needs 3 = severe needs 3 = severe needs 3 = severe needs  NA 0 1 2 3  Physical Attachment Regulatory Failure to Thrive Depression Anxiety Atypical Behavior Impulsivity/Hyperactivity Oppositional Adjustment to Trauma  O O O O O Adjustment to Trauma O O O O O Adjustment to Trauma O O O O O O Adjustment to Trauma O O O O O Adjustment to Trauma O O O O O O CAREGIVER STRENGTHS & NEEDS  O Not applicable – no caregiver identified 0 = no evidence 1 = minimal needs 3 = severe needs  NA 0 1 2 3 Physical  Mental Health O O O O Mental Health O O O O Safety Supervision Involvement with Care Knowledge Organization O O O O Social Resources Residential Stability O O O O Child Care Access Family Stress Marital/Partner													
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Permanence  CHILD BEHAVIORAL / EMOTIONAL NEEDS  0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs  1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems  Attachment Regulatory Failure to Thrive Depression Anxiety Atypical Behavior Impulsivity/Hyperactivity Oppositional Adjustment to Trauma  O Not applicable – no caregiver identified 0 = no evidence 1 = minimal needs 2 = moderate needs 3 = severe needs  NA 0 1 2 3  Physical Mental Health O O O O Substance Use Developmental O Safety Supervision Involvement with Care Knowledge Organization Empathy for Child Social Resources Residential Stability Child Care Access Family Stress Marital/Partner		O	O	O	O								
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0 = no evidence 1 = history or sub-threshold, watch/prevent 2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems    NA	CHILD BEHAVIORAL /		-				•						
2 = causing problems, consistent with diagnosable disorder 3 = causing severe/dangerous problems    NA   0   1   2   3	0 = no evidence											3	
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Attachment         Safety         O O O O O O O O O O O O O O O O O O O	o saucing service, acting of sac		1	2	3								
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Depression OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO							with Care						
Anxiety Atypical Behavior Impulsivity/Hyperactivity Oppositional Adjustment to Trauma OOOOOO OPPOSITION Anxiety OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO							3.10						
Atypical Behavior Impulsivity/Hyperactivity O O O O O O O O O O O O O O O O O O O	•	O		U	O		า			0	0	0	
Impulsivity/Hyperactivity O O O O O O O O O O O O O O O O O O O		0	0	0	0	Empathy for	Child						
Oppositional OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO		0 0	0	0	0								
Adjustment to Trauma													
Marital/Partner													
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Ι Μισιορο						Violence	IEI	0	Ο	0	0	0	